

# OKLAHOMA STATE DEPARTMENT OF HEALTH

1/5/2015

**Lead Administrator**  
**Terry Cline, Ph.D.**  
**Secretary of Health and Human Services**  
  
**Commissioner of Health**

**Lead Financial Officer**  
**Mike Truitt**  
**Interim Controller**  
**Oklahoma State Department of Health**

FY'15 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Public Health Infrastructure	\$2,619,677	\$21,335,203	\$3,551,178			\$27,506,058
Prevention and Preparedness Services	\$9,083,654	\$41,603,939	\$3,852,943			\$54,540,536
Protective Health Services	\$4,631,142	\$20,556,447	\$33,084,880			\$58,272,469
Community and Family Health Services	\$34,288,513	\$151,120,381	\$3,607,092	\$31,461,695		\$220,477,681
Health Improvement Services	\$8,384,091	\$3,602,276	\$6,428,001			\$18,414,368
Information Technology	\$1,448,823	\$13,087,669	\$10,893,238			\$25,429,730
<b>Total</b>	<b>\$60,455,900</b>	<b>\$251,305,915</b>	<b>\$61,417,332</b>	<b>\$31,461,695</b>	<b>\$0</b>	<b>\$404,640,842</b>

Note: This does not include \$176,576 for the Oklahoma Athletic Commission for a total of \$60,632,476

FY'14 Carryover by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
FY'14 Carryover for FQHC start up	\$269,531	\$0	\$0	\$0	\$0	\$269,531

\*Source of "Other" and % of "Other" total for each.

## What Changes did the Agency Make between FY'14 and FY'15

### 1.) Are there any services no longer provided because of budget cuts?

The OSDH received a 3.80 % state budget reduction for SFY '15 and a \$5 million reduction in the Trauma Fund. The agency was required to not only accommodate the reduction in the budget but minimize the loss of uncompensated care funds to hospitals and EMS providers throughout the state that depend on Trauma Fund distributions to maintain this critical system of emergency healthcare. OSDH collects enough in Trauma funds to pay approximately 50% of the amount of qualified expenses claimed in each distribution period.

Legislated budget and cash reductions necessitated the following:

Eliminated support in SFY-15 for the cord blood bank planning efforts in the amount of \$500,000.

The Oklahoma Child Abuse Program (OCAP) program was reduced by \$150,000, eliminating a contract and leaving 42 at-risk families without education and support services in order to prevent or reduce child maltreatment.

Uncompensated care payments to Federally Qualified Health Centers (FQHCs) were reduced by \$495,730 or 18.25%

Uncompensated care payments for trauma services to EMS and hospitals will be reduced by an estimated 10 - 12% annually dependent upon fund deposits.

Reduction in funding of \$319,531 to establish new FQHCs in medically underserved areas in the state (supplemented by SFY'14 carryover)

Federal budget cuts and changes in federal policy to support immunization programs means that the OSDH has had to discontinue provision of vaccine to people who do not qualify for the Vaccine for Children program. Even in areas of limited vaccine accessibility the OSDH is prohibited from providing vaccine to some Oklahoma residents.

### 2.) What services are provided at a higher cost to the user?

None

### 3.) What services are still provided but with a slower response rate?

Hospital Preparedness Program (HPP) - Federal reductions in hospital preparedness funds of 36.8% have resulted in less support for healthcare response efforts for hospitals and EMS agencies to adequately address infectious disease events, outbreaks and natural disasters. The Hospital Preparedness Program is 90% federally funded.

### 4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

The OSDH continues to refine an agency wide classification/compensation review that began in SFY '13 by adjusting 28 employee salaries in calendar year 2014 to market benchmarks using a similar process as outlined by OMES. None of these employees are in agency leadership positions.

FY'16 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other (Local)	Total	% Change
Public Health Infrastructure	\$2,619,677	\$21,335,203	\$3,551,178			\$27,506,058
Prevention and Preparedness Services	\$17,607,295	\$41,603,939	\$3,852,943			\$63,064,177
Protective Health Services	\$4,631,142	\$20,556,447	\$33,084,880			\$58,272,469
Community and Family Health Services	\$35,288,513	\$151,120,381	\$3,607,092	\$31,461,695		\$221,477,681
Health Improvement Services	\$17,384,091	\$3,602,276	\$6,428,001			\$27,414,368
Information Technology	\$1,448,823	\$13,087,669	\$10,893,238			\$25,429,730
Oklahoma Athletic Commission	\$176,576					
<b>Total</b>	<b>\$79,156,117</b>	<b>\$251,305,915</b>	<b>\$61,417,332</b>	<b>\$31,461,695</b>	<b>\$0</b>	<b>\$423,164,483</b>

\*Source of "Other" and % of "Other" total for each.

FY'16 Top Five Appropriation Funding Requests	
	\$ Amount
Public Health Laboratory	\$5,835,996
Vaccine Purchase, Distribution & Administration	\$2,687,645
Public/Private Partnership for Improvement of Adolescent and Children's Health	\$1,000,000
Reducing Preventable Hospitalizations and Emergency Department Visits for the Uninsured	\$9,000,000

**Total Increase above FY-15 Request**

**\$18,523,641**

How would the agency handle a 3% (\$1,818,974) appropriation reduction in FY'16?
A 3% reduction in appropriation to the department would equal \$1,818,974 and would require a reduction of services. Based on the OSDH business plan and agency priorities the department would be required reduce the distribution of state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary health care to uninsured patients from \$2,552,477 (SFY 15 amount) to \$733,503 for SFY-16. This approach would minimize the impact on mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specifically tobacco, obesity and Children's Health programs.

How would the agency handle a 5% (\$3,031,624) appropriation reduction in FY'16?
A 5% reduction in appropriations to the department would equal \$3,031,624 and, based on the OSDH business plan and agency priorities, would require a reduction in the Oklahoma Child Abuse Prevention (OCAP) program and the elimination of uncompensated care payments to FQHCs. Payments to FQHCs for the delivery of primary care services to uninsured patients would be reduced from \$2,552,477 (SFY 15 amount) to \$0 for SFY-16. OCAP funds would be reduced from \$3,005,733 to \$2,526,586 in SFY'16. This approach would minimize the impact on mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specifically tobacco, obesity and Children's Health programs.

How would the agency handle a 10% (\$6,063,248) appropriation reduction in FY'16?
A 10% reduction in appropriations to the department would equal \$6,063,248 million and would require the elimination of programs. Specifically, FQHC uncompensated care payments in the amount of \$2,552,477, OCAP in the amount of \$3,005,733, Oklahoma Cord Blood Bank in the amount of \$500,000 and reduce FQHC new start funding by \$5,038 from \$319,531 to \$314,493. This approach would minimize the impact on mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specifically tobacco, obesity and Children's Health programs.

Is the agency seeking any fee increases for FY'16?	\$ Amount
None for SFY-16	
Increase 1	\$0
Increase 2	\$0
Increase 3	\$0

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?	
Public Health Laboratory Total Construction Bond	\$49,178,000
	\$49,178,000

Federal Government Impact
<p><b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b> The department receives approximately 58% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute "mandates". In some instances, the federal monies are used to support state mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs.</p> <p><b>2.) Are any of those funds inadequate to pay for the federal mandate?</b> As mentioned above, a considerable portion of federal monies received by the department are utilized to support state level mandates.</p> <p><b>3.) What would the consequences be of ending all of the federal funded programs for your agency?</b> Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact the entire citizenry. Those programs include but are not limited to focus on the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency. Further, the elimination of these federal programs would result in the loss of jobs within and outside the department due to necessary reductions in personnel and elimination of contractual services currently provided. At present, approximately 50% of the department staff are funded on federal funding sources.</p> <p><b>4.) How will your agency be affected by federal budget cuts in the coming fiscal year?</b> OSDH experienced recent federal funding cuts in the Hospital Preparedness Program (HPP). As part of the HPP, 90% must be awarded directly to hospitals and EMS services. This reduction will impact the states ability to train, test, and replenish emergency medical supplies and stockpiles.</p> <p><b>5.) Has the agency requested any additional federal earmarks or increases?</b> The agency has not requested any federal earmarks. However, approximately, 58% of the departments funding is awarded through 77 separate federal revenue streams. The level of funding for each program is tied directly to the federal funding available as well as the federal guidance documents. The department continues efforts to identify all available funding opportunities that align with core public health functions, the agencies business plan and the Oklahoma Health Improvement Plan.</p>

Division and Program Descriptions
<p><b>Division 1 Public Health Imperatives</b> Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm</p> <p><b>Division 2 Priority Public Health - Improvement of Health Outcomes</b></p>

	Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma
<b>Division 3</b>	<b>Prevention Services and Wellness Promotion</b> These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness
<b>Division 4</b>	<b>Access to Competent Personal, Consumer and Healthcare Services</b> These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable
<b>Division 5</b>	<b>Science and Research</b> Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation
<b>Division 6</b>	<b>Public Health Infrastructure</b> The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence

FY'16 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Public Health Infrastructure	38	111	54	67	77	21
Prevention and Preparedness Services	62	105	96	37	128	36
Protective Health Services	73	204	68	54	191	27
Community and Family Health Services	325	1,054	299	499	758	96
Health Improvement Services	33	38	57	43	43	9
<b>Total</b>	<b>531</b>	<b>1,512</b>	<b>574</b>	<b>700</b>	<b>1,197</b>	<b>189</b>

FTE History					
	2015 Budgeted	2014	2013	2012	2011
Public Health Infrastructure	165	161	145	185	158
Prevention and Preparedness Services	200	203	240	217	197
Protective Health Services	272	254	202	227	218
Community and Family Health Services	1,353	1,312	115	1,460	1,399
Health Improvement Services	95	91	1,284	130	74
<b>Total</b>	<b>2,085</b>	<b>2,020</b>	<b>1,986</b>	<b>2,219</b>	<b>2,046</b>

- Refill processing time improved by 66% resulting in fewer vacant positions at any given time
- An estimated 23% of the increase is a result of decreased turnover rates
- Seventy-seven percent of the increase in filled positions benefited Community and Family Health Services, 11% in Protective Health Services

Performance Measure Review					
Core Public Health Priority	FY'15 (Est)	FY'14 (Est)	FY'13	FY'12	FY'11

#### All Hazards Preparedness

Improve state score on National Health Security Preparedness Index by 0.5%	8.3%	7.8%	7.3%	N/A	N/A
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#### Improve Infectious Disease Control

Incidence of tuberculosis, pertussis, hepatitis A and indigenously-acquired measles cases per 100,000	6.74%	6.86%	8.80%	6.80%	4.60%
Incidence of Reported Acute Hepatitis B Cases per 100,000	1.01%	1.02%	1.03%	2.1%	2.7%
Percent of HIV/AIDS Diagnosed Persons Out of Care	15%	15%	18.5%	17%	17%
Percent of immediately notifiable reports in which investigation is initiated by ADS within 15 minutes.	95%	95%	98%	95%	92%

#### Improve Mandates Compliance

Percent of State Mandated Non-Compliant Activities Meeting Inspection Frequency Mandates (IFMs)	100%	100%	86%	92.3%	69%
Percent of State Mandated Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100%	91%	80%	23.1%	23%
Percent of Contracted Non-Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100%	87%	86%	86%	68.2%
Percent of Contracted Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100%	100%	100%	80%	60%

#### Improve Children's Health

Percent of Pregnant Women Reiving Adequate Prenatal Care as Define by Kotelchuck's APNCU Index	73%	72%	71.6%	70%	66.3%
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Rate of Infant Deaths per 1,000 Live Births	6.7%	6.8%	6.8%	7.5%	7.4%
Percent of Infants Born to Pregnant Women Receiving Prenatal Care in the First Trimester	70.5%	69.5%	68.5%	68.4%	66.3%
Rate of Pre-Term Births	12.4%	12.6%	12.8%	13%	13.2%

#### Improve Disease and Injury Prevention

Percent of children 19-35 months old immunized with 4:3:1:3:3:1	73.9%	72.7%	64.7%	63%	77.3%
Decrease the Number of Preventable Hospitalizations for Medicare Enrollee's (per 1,000)	76.95	78.3	76.9	81.0	81.8
Increase car seat use for infants (<1 year of age)	84%	83%	72%	82.2%	64%
Number of motor vehicle deaths in infants less than one year of age.	93	97	97	104	116

#### Improve Oklahomans' Wellness

Percent of Oklahoma adults who are obese	29.2%	31.2%	32.5%	32.2%	31.1%
Percent of Oklahoma Adolescents who are obese	11.5%	11.8%	11.8%	17.0%	17.0%
Percent of Oklahoma adults who smoke	21.0%	22.0%	23.7%	23.3%	26.1%
Percent of Oklahoma Adolescents who smoke	14.9%	15.1%	15.1%	17.9%	17.9%
Percent of Persons Working Indoors Exposed to Second Hand Smoke at Workplace	12.4%	12.5%	12.7%	12.7%	10.9%
Cardiovascular deaths per 100,000	236.9	245.5	289.8	283.0	293.9
Number of Certified Health Communities	120	80	72	52	43
Number of Certified Health Schools	605	523	523	314	155

#### Improve Infrastructure, Policy, and Resource Support to Achieve Targeted Health Outcomes

Number of PHAB Accredited Health Departments	5	4	2	0	0
Percent of turnover agency-wide	11%	11.7%	13.1%	12.9%	N/A

Revolving Funds (200 Series Funds)			
	FY'12-14 Avg. Revenues	FY'12-14 Avg. Expenditures	June '14 Balance
<b>202</b> Kidney Health	\$0	\$0	\$625,108
<b>203</b> Genetic Counseling Licensure	\$0	\$0	\$12,678
<b>204</b> Tobacco Prevention and Cessation	\$1,425,148	\$1,660,738	\$66,855
<b>207</b> Alternatives-to-Abortion Services	\$0	\$16,305	\$37,952
<b>210</b> Public Health Special Fund TSET contracts, EMS Testing Fees, Public Health Laboratory Fees etc.	\$57,387,345	\$53,342,183	\$4,185,857
<b>211</b> Nursing Facility Administrative Penalties Fund	\$21,978	\$1,013	\$248,949
<b>212</b> Home Health Care	\$234,015	\$137,665	\$475,761
<b>220</b> Civil Money Penalties (CMP) Fund Expenditures from this fund must be approved by CMS	\$718,161	\$97,442	\$7,877,941
<b>222</b> Organ Donor Education and Awareness Program	\$152,385	\$143,410	\$316,478
<b>225</b> Breast Cancer Act	\$36,178	\$52,044	\$89,440
<b>226</b> Sports Eye Safety Program	\$675	\$0	\$1,904
<b>228</b>			

Leukemia and Lymphoma	\$11,117	\$1,932	\$63,429
<b>229</b> Multiple Sclerosis Society	\$6,750	\$4,898	\$7,015
<b>233</b> Prevent Birth Defect, Premature Birth and Infant Mortality	\$300	\$0	\$1,700
<b>235</b> Oklahoma Lupus Fund	\$2,339	\$0	\$6,642
<b>236</b> Trauma Care Assistance Fund balance prior to OSDH starting montly distributions October 2014	\$27,766,380	\$30,375,860	\$5,079,136
<b>242</b> Pancreatic Cancer Research License Plate Fund	\$2,473	\$0	\$7,380
<b>250</b> Regional Guidance Centers	\$1,851	\$2,649	\$12
<b>265</b> Child Abuse Prevention	\$51,250	\$107,629	\$81,830
<b>267</b> Emergency Medical Technician Death Benefit	\$8,637	\$3,333	\$105,565
<b>268</b> Emergency Response Systems Stabilization and Improvement (OERSSIRF) Funds support 17 awards to EMS agencies across the state for SFY-15	\$1,619,191	\$1,519,487	\$2,036,311
<b>284</b> Dental Loan Repayment Program	\$458,678	\$349,491	\$300,346
<b>285</b> Institute for Disaster and Emergency Medicine	\$2,000,001	\$1,832,707	\$340,139
<b>290</b> Children's Hospital - Oklahoma Safe Kids Association	\$0	\$0	\$860
<b>295</b> State Athletic Commission	\$303,405	\$247,876	\$265,240